

AMITE COUNTY SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION FORM

I (we) hereby authorize **Amite County School District** to initiate entries to my checking/savings accounts at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until Amite County School District is notified by me (us) in writing to cancel it in such time as to afford the School District and the Financial Institute a reasonable opportunity to act on it.

NAME OF FINANCIAL INSTITUTE

SIGNATURE

DATE

EMPLOYEE NAME – PRINT ONLY

EMPLOYEE ADDRESS – PRINT ONLY

CHECKING/SAVINGS ACCOUNT NUMBER

FINANCIAL INSTITUTION ROUTING NUMBER

(This will be the first number on the bottom left of your check located between the : : symbols)

**PLEASE ATTACH A COPY OF A VOIDED CHECK IF USING A CHECKING ACCOUNT
OR ATTACH A COPY OF YOUR SAVINGS ACCOUNT CARD IF USING A SAVINGS ACCOUNT FOR YOUR PAYROLL DIRECT DEPOSIT.**